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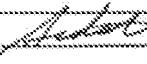
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Curatolo Sidoti Co., LPA
24500 Center Ridge Road, Suite 280
Cleveland, OH 44145

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I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office via the Office Electronic Filing System in accordance with 37 CFR §1.6(a)(4).

Salvatore A. Sidoti	(Depositor's name)
	(Signature)
February 20, 2008	(Date)

APPLICATION NO.	FLING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/393,212	02/23/2007	Andrew Bruce VCS,MES	063413-8084-LSD	7446

TITLE OF INVENTION: Methods of Amputation

APPLN. TYPE	BRAND ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non Provisional	No	\$ 1,440.00	\$ 300.00	\$1,740.00	02/20/2008
EXAMINER	ART UNIT	CLASSE/GRUPO/CLAS			

BARTS, Samuel A.

1621

504-400000

<p>1. Change of correspondence address (or indication of "Fee Address" (37 CFR 1.363))</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> <p>1. Curatolo Sidoti Co., LPA.....</p> <p>2. Salvatore A. Sidoti.....</p> <p>3.....</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

AximDentics UK Limited

United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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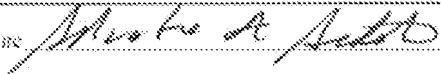
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to my Deposit Account Number 20-3275 (enclose an exact copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27 (g)(2).

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Authorized Signature 

Date 2-20-08

Registration No. 43,921

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